

INFORMED CONSENT TO THE MAGNETIC RESONANCE IMAGING EXAMINATION

Name and surname:.....

Personal Identification Number:.....

Address:.....

Height: cm, Weight: kg

Health insurance company name/code:.....

Dear Madam, Dear Sir,

As part of medical care or a research program, you have been referred for a magnetic resonance examination at our department. The following document is intended to give you the opportunity to become more familiar with this examination method and to provide you with the information necessary for the performance of the examination.

What is Magnetic Resonance Imaging (MRI):

Magnetic Resonance Imaging (MRI) is an imaging diagnostic method that is not based on ionizing (X-ray) radiation but uses a magnetic field. So far, no negative effects of MRI examinations on the human body have been demonstrated. Nevertheless, during pregnancy (especially in the first three months), MRI is considered potentially risky in order to protect the development of the fetus.

Preparation for an MRI examination:

During the examination, no metal objects (including non-magnetic metals) may be present inside the examination room. Therefore, it is important to leave all jewelry, metal buckles, hairpins, clips, etc. in the changing room. Before entering the examination room, please check carefully that no metal objects have been left in your clothing. If any metal parts are part of your clothing, please inform the MRI staff. Women are advised not to wear mascara during the examination.

Course of the examination:

The entire examination takes approximately 20–60 minutes. During this time, it is necessary to lie still and avoid any movement, as even small movements may degrade the image quality. If you feel unwell or experience any discomfort at any time, you can immediately contact the MRI staff using the signaling device. A side effect of the examination is the noise produced by the scanner during operation. However, this is effectively reduced by headphones, which will fully protect your hearing during the examination.

In some cases, intravenous administration of a contrast agent is required, which is decided by the examining physician. Allergic reactions to contrast agents used in MRI are very rare, and MRI departments are equipped to manage them. If possible symptoms of an allergic reaction (such as skin rash, nausea, or shortness of breath) occur after the examination with contrast outside the MRI facility, immediately inform your treating physician or (after an outpatient MRI examination) contact the medical emergency service.

When the examination cannot be performed:

At our department, the examination **cannot be performed** in patients with an implanted cardiac pacemaker or defibrillator. The examination also cannot be performed in patients with implanted objects made of magnetizable metal, such as ear implants, metal clips after brain surgery, or metal fragments from an injury located anywhere in the body.

Implanted joint prostheses are usually not an obstacle to the examination; however, it is necessary to inform the MRI staff about them.

Severe kidney disease may be a contraindication to the administration of contrast agents, and in such cases the MRI staff must be informed.

Please indicate if you have any of the following items or conditions:

Pacemaker	Yes / No
Implantable cardioverter-defibrillator (ICD)	Yes / No
Cochlear (ear) implant	Yes / No
Claustrophobia (fear of enclosed spaces)	Yes / No
Neurostimulator	Yes / No
Insulin pump	Yes / No
Heart valve prosthesis	Yes / No
Vascular clips	Yes / No
Embolization coils	Yes / No
Intrauterine device (IUD)	Yes / No
Metal joint replacements	Yes / No
Metal fragments (shrapnel)	Yes / No
Metal implants after bone surgery	Yes / No
Piercing	Yes / No
Dental prosthesis / dentures	Yes / No
Tattoo	Yes / No
Contact lenses	Yes / No
Braces (orthodontic appliances)	Yes / No
Are you pregnant or breastfeeding?	Yes / No
Are you being treated for kidney disease?	Yes / No

If you answered YES to any of the questions above, please inform the MRI staff!

The information provided in this questionnaire constitutes highly sensitive personal data and is subject to medical confidentiality as well as all regulations concerning personal data protection. These data are used solely to inform physicians who may need to provide you with urgent medical care in the event of unexpected health problems. Without your consent, this information may not be disclosed to third parties. Please complete this form carefully, as it is an important source of information about your health status and possible health risks.

Administration of contrast agent: I AGREE / I DO NOT AGREE

Statement by the MRI professional:

I declare that I have informed the above-mentioned patient (or their legal representative) in a clear and understandable manner about the MRI examination.

Signature of physician / radiology assistant:.....

Patient consent:

I, the undersigned, declare that I have been informed about the purpose, nature, consequences, risks, and possible complications associated with the MRI examination. I fully understand the information provided. I declare that all the information I have provided in this document is true and that I have not withheld any serious circumstance that could prevent the examination from being performed. In the event of complications, I consent to all necessary procedures required to manage such complications and to preserve my health and life.

Based on the information provided and after my own consideration, I freely and voluntarily consent to the examination.

In Klecany, date: Patient's signature: